

## Post-Secondary Training End of Term Report

*Pursuant to Rule 37 C, if this report is not received at the court on or before the end of the first day of classes of the new term, the authorization for training costs is subject to cancellation.*

Student/Client \_\_\_\_\_ SS # \_\_\_\_\_  
(Please Print)

College/University \_\_\_\_\_ City \_\_\_\_\_

Degree: Certificate \_\_\_\_\_ Diploma \_\_\_\_\_ Associate's Degree \_\_\_\_\_ Bachelor's Degree \_\_\_\_\_

Area of Concentration/Program of Study \_\_\_\_\_

Grades for Term Ending: \_\_\_\_\_  
(End Date)

Course Number	Course Title	Grade	Credit Hours	Comments

Term GPA \_\_\_\_\_  
Cumulative GPA \_\_\_\_\_

Class Schedule for Term Beginning: \_\_\_\_\_  
(Start Date) (End Date)

Course Number	Course Title	Credit Hours	Class Days					
			M	T	W	T	F	S

Total Hours \_\_\_\_\_

I certify that I have reviewed official documents in order to provide the above information, certify that it is correct, and that all courses listed are requirements or approved electives for the student's program of study.

\_\_\_\_\_  
(Vocational Rehabilitation Counselor Signature)

\_\_\_\_\_  
(NWCC Certification Number)

\_\_\_\_\_  
(Date)